

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/856105
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
7		3				
8	1					
9		1				
10		1				
11		3				
12		3				
13		3				
14	1					
15		1				
16		1				
17		3				
18		3				
19		3				
20	1					
21		1				
22		1				
23		3				
24		3				
25		3				
26		3				
27	1					
28	1					
29		2				
30		2				
31		1				
32		1				
33		1				
34		1				
35	1					
36		1				
37		1				
38		3				
39		3				
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46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	54					
TOTAL CLAIMS	61					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

BEST AVAILABLE COPY